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CONFIRMATION NO. 8634

Bib Data Sheet

|   |   |                                   |   |   |                                |
|---|---|-----------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/529,308  | <b>FILING OR 371(c) DATE</b><br>03/25/2005<br><b>RULE</b>   | <b>CLASS</b><br>250               | <b>GROUP ART UNIT</b><br>2881   | <b>ATTORNEY DOCKET NO.</b><br>151-14 US/PCT |                                |
| <b>APPLICANTS</b><br>Roger Guevremont, Ottawa, CANADA;<br>Lucien Potvin, Kanata, CANADA;<br><br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/CA03/01318 08/28/2003<br><i>yes</i><br><b>** FOREIGN APPLICATIONS *****</b><br>UNITED STATES OF AMERICA 60/413162 09/25/2002<br><i>yes</i>                        |   |                                   |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>all</i><br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>CANADA | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>28                   | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>25319<br>AIR MAIL   |   |                                   |   |   |                                |
| <b>TITLE</b><br>Faims apparatus and method for separating ions  |   |                                   |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>1300  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |